

FILED  
LOGGED  
ENTERED  
RECEIVED

IN THE UNITED STATES DISTRICT COURT  
FOR THE DISTRICT OF MARYLAND

JUN 20 2024

AT GREENBELT  
CLERK, U.S. DISTRICT COURT  
DISTRICT OF MARYLAND

BY

DEPUTY

Howard James Quattlebaum II

*(Write the full name of each plaintiff who is filing this complaint. If the names of all the plaintiffs cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names.)*

**-against-**

GeneDX Inc

GeneDX Holdings Corp

*(Write the full name of each defendant who is being sued. If the names of all the defendants cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names.)*

**Complaint for Employment  
Discrimination**

Case No. **GLS 24CV1810**  
*(to be filled in by the Clerk's Office)*

Jury Trial: ☐ Yes ☒ No  
*(check one)*

**I. The Parties to This Complaint****A. The Plaintiff(s)**

Provide the information below for each plaintiff named in the complaint. Attach additional pages if needed.

Name	Howard James Quattlebaum II
Street Address	3948 Collis Oak Court
City and County	Fairfax Fairfax County
State and Zip Code	Virginia 22033
Telephone Number	202-492-1035
E-mail Address	QuattlebaumHoward@Gmail.com

**B. The Defendant(s)**

Provide the information below for each defendant named in the complaint, whether the defendant is an individual, a government agency, an organization, or a corporation. For an individual defendant, include the person's job or title (if known). Attach additional pages if needed.

Defendant No. 1

Name	GeneDX Inc
Job or Title (if known)	
Street Address	207 Perry Parkway
City and County	Gaithersburg Montgomery County
State and Zip Code	Maryland 20877
Telephone Number	301-519-2100
E-mail Address (if known)	

## Defendant No. 2

Name	GeneDx Holdings Corp
Job or Title (if known)	
Street Address	207 Perry Parkway
City and County	Gaithersburg Montgomery County
State and Zip Code	Maryland 20877
Telephone Number	301-519-2100
E-mail Address (if known)	

## Defendant No. 3

Name	
Job or Title (if known)	
Street Address	
City and County	
State and Zip Code	
Telephone Number	
E-mail Address (if known)	

*(If there are more than three defendants, attach an additional page providing the same information for each additional defendant.)*

**C. Place of Employment**

The address at which I sought employment or was employed by the defendant(s) is:

Name	GeneDX
Street Address	207 Perry Parkway
City and County	Gaithersburg Montgomery County
State and Zip Code	Maryland 20877
Telephone Number	301-519-2100

## II. Basis for Jurisdiction

This action is brought for discrimination in employment pursuant to *(check all that apply)*:

- ☐ Title VII of the Civil Rights Act of 1964, as codified, 42 U.S.C. §§ 2000e to 2000e-17 (race, color, gender, religion, national origin).

*(Note: In order to bring suit in federal district court under Title VII, you must first obtain a Notice of Right to Sue letter from the Equal Employment Opportunity Commission.)*

- ☐ Age Discrimination in Employment Act of 1967, as codified, 29 U.S.C. §§ 621 to 634.

*(Note: In order to bring suit in federal district court under the Age Discrimination in Employment Act, you must first file a charge with the Equal Employment Opportunity Commission.)*

- ☒ Americans with Disabilities Act of 1990, as codified, 42 U.S.C. §§ 12112 to 12117.

*(Note: In order to bring suit in federal district court under the Americans with Disabilities Act, you must first obtain a Notice of Right to Sue letter from the Equal Employment Opportunity Commission.)*

- ☒ Other federal law *(specify the federal law)*:  
ADA Amendments Act of 2008.

- ☒ Relevant state law *(specify, if known)*:  
Md. Code, State Gov't § 20-611. Towson Univ. v. Conte, 384 Md. 68, 79-80 (2004)

- ☒ Relevant city or county law *(specify, if known)*:  
Sec. 32-19A. Harassment

## III. Statement of Claim

Write a short and plain statement of the claim. Do not make legal arguments. State as briefly as possible the facts showing that each plaintiff is entitled to the damages or other relief sought. State how each defendant was involved and what each defendant did that caused the plaintiff harm or violated the plaintiff's rights, including the dates and places of that involvement or conduct. If more than one claim is asserted, number each claim and write a short and plain statement of each claim in a separate paragraph. Attach additional pages if needed.

A. The discriminatory conduct of which I complain in this action includes (*check all that apply*):

- ☐ Failure to hire me.
- ☒ Termination of my employment.
- ☐ Failure to promote me.
- ☒ Failure to accommodate my disability.
- ☐ Unequal terms and conditions of my employment.
- ☒ Retaliation.
- ☐ Other acts (*specify*): \_\_\_\_\_

*(Note: Only those grounds raised in the charge filed with the Equal Employment Opportunity Commission can be considered by the federal district court under the federal employment discrimination statutes.)*

B. It is my best recollection that the alleged discriminatory acts occurred on date(s)  
10/15/2023, 02/01/2024, 03/01/2024, 03/12/2024, and 04/29/2024

C. I believe that defendant(s) (*check one*):

- ☒ is/are still committing these acts against me.
- ☐ is/are not still committing these acts against me.

D. Defendant(s) discriminated against me based on my (*check all that apply and explain*):

- ☒ race African American
- ☒ color Black
- ☐ gender/sex \_\_\_\_\_
- ☐ religion \_\_\_\_\_
- ☐ national origin \_\_\_\_\_
- ☐ age. My year of birth is \_\_\_\_\_. (*Give your year of birth only if you are asserting a claim of age discrimination.*)
- ☒ disability or perceived disability (*specify disability*)  
Schizophrenia



- E. The facts of my case are as follows. Attach additional pages if needed.

I submitted a verbal request to supervisor for reasonable accommodation to allow time to receive treatment for psychological  
mental impairment and was discouraged and denied sick leave. I was harassed  
by two co-workers with slurs relating to schizophrenia. After complaining to the  
People's team and management co-workers retaliated with unequal training criteria  
I was laid off and shift terminated while 3 other employees on my shift were  
Transferred to morning shift from mid shift. One less experience.

*(Note: As additional support for the facts of your claim, you may attach to this complaint a copy of your charge filed with the Equal Employment Opportunity Commission, or the charge filed with the relevant state or city human rights division.)*

#### IV. Exhaustion of Federal Administrative Remedies

- A. It is my best recollection that I filed a charge with the Equal Employment Opportunity Commission or my Equal Employment Opportunity counselor regarding the defendant's alleged discriminatory conduct on *(date)*

02/01/2024 EEO counselor and 05/14/2024 EEOC

- B. The Equal Employment Opportunity Commission *(check one)*:

- ☐ has not issued a Notice of Right to Sue letter.  
☒ issued a Notice of Right to Sue letter, which I received on *(date)*  
06/13/2024

*(Note: Attach a copy of the Notice of Right to Sue letter from the Equal Employment Opportunity Commission to this complaint.)*

- C. Only litigants alleging age discrimination must answer this question.

Since filing my charge of age discrimination with the Equal Employment Opportunity Commission regarding the defendant's alleged discriminatory conduct *(check one)*:

- ☐ 60 days or more have elapsed.  
☐ less than 60 days have elapsed.

**V. Relief**

State briefly and precisely what damages or other relief the plaintiff asks the court to order. Do not make legal arguments. Include any basis for claiming that the wrongs alleged are continuing at the present time. Include the amounts of any actual damages claimed for the acts alleged and the basis for these amounts. Include any punitive or exemplary damages claimed, the amounts, and the reasons you claim you are entitled to actual or punitive money damages.

3 Positive or Neutral Reference Letters.

---

ASCP Testing for Molecular Technologist Experience Form Documented.

---

Back Pay \$18,000 Front Pay \$50,000 Emotional Distress \$25,000

---

Punitive Damages \$50,000

---

Unable to move forward with employment because of long term specialization in field and lack of employment options.

---

**VI. Certification and Closing**

Under Federal Rule of Civil Procedure 11, by signing below, I certify to the best of my knowledge, information, and belief that this complaint: (1) is not being presented for an improper purpose, such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation; (2) is supported by existing law or by a nonfrivolous argument for extending, modifying, or reversing existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Rule 11.

**A. For Parties Without an Attorney**

I agree to provide the Clerk's Office with any changes to my address where case-related papers may be served. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

Date of signing: June 13, 2024.

Signature of Plaintiff   
Printed Name of Plaintiff Howard James Quattlebaum II

*(If more than one plaintiff is named in the complaint, attach an additional certification and signature page for each additional plaintiff.)*

**B. For Attorneys**

Date of signing: \_\_\_\_\_, 20\_\_.

Signature of Attorney \_\_\_\_\_  
Printed Name of Attorney \_\_\_\_\_  
Bar Number \_\_\_\_\_  
Name of Law Firm \_\_\_\_\_  
Address \_\_\_\_\_  
Telephone Number \_\_\_\_\_  
E-mail Address \_\_\_\_\_